

(if you are a coach, please list the organization's name)			
Last Name:			
First Name:(as it appea			
(as it appea	rs on Social Security card)		
Email:			
I agree to perform the volunteer duties to which I am a I understand that I will serve at the pleasure of the App and may be dismissed from my volunteer duties at any for volunteer service. This determination may be made	ointing Authority of the Departmen time, with or without cause. A volu	t/Agency (or	their designee)
I understand that as a volunteer, authorized by the Volute damages to third parties to the same extent as count as a volunteer. Howard County assumes no liability for caused by the negligence of the County.	ty employees, as long as I am acting v	within the sc	ope of my duties
On behalf of myself and/or my child, I understand that program such as slips, falls, and various athletic injurie harmless Howard County, Maryland, its officials, agent in connection with, my/my child's volunteer activities.	s related to sports and play. I/we he	reby release	and hold
Howard County Recreation & Parks reserves the right t	o photograph programs and volunt	eers for pub	licity purposes.
		,	,
Volunteer Signature:	Date:	/	/
-	Date:		
Parent/Guardian Signature:	Date:		
Parent/Guardian Signature:	Date:		
Volunteer Signature:  Parent/Guardian Signature:(if under 18 y	Date:		
Parent/Guardian Signature:	Date:		
Parent/Guardian Signature:(if under 18 y	Date:		